

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034516

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 8 1962

3023

237

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HENRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) CLINTON		c. CITY OR TOWN CLINTON	
Length of stay in 1b YRS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 410 S ORCHARD ST.		d. STREET ADDRESS (If outside, give location) 410 S ORCHARD ST	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE ALONZO CLASON		4. DATE OF DEATH Month Day Year OCT. 1 1962	
5. SEX male	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-28-1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST		10b. KIND OF BUSINESS OR INDUSTRY DENTIST	
11. BIRTHPLACE (City and state or country) BEAVER CITY NEBR. USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME DWIGHT E CLASON		13b. MOTHER'S MAIDEN NAME CHASTINE FORRAND	
14. NAME OF HUSBAND OR WIFE MILDRED CLASON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI	
17. INFORMANT 4 MILDRED CLASON CLINTON MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1960. to Oct. 1 1962 and last saw her alive on Sept. 15. 1962 Death occurred at 5:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not write name) Eugene S. Wenzel M.D.		22b. ADDRESS 105 E. 1st	
22c. DATE SIGNED Oct. 2, 1962		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE OCT. 3 1962		23c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD	
23d. LOCATION (City, town, or county) CLINTON MO.		24. FUNERAL DIRECTOR Schubert Funeral Home Clinton, Missouri	
25. DATE RECD. BY LOCAL REG. Oct 2, 1962		26. REGISTRAR'S SIGNATURE Mildred Biggers	

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1962

OCT 11 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*F. L. Schaefer*

Licensed Embalmer No.

*4513*

P. O. Address

*Clinton Snd*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit obtained 10/2/62 M.B.*